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(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	2	Attorney Docket Number	VIS/002
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ENCLOSURES (check all that apply)

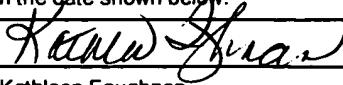
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Printed Name	Alan Taboada		
Date	6/9/06	Reg. No.	51,359

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Signature			
Typed or printed name	Kathleen Faughnan	Date	June 9, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	10/579,426
Filing Date	May 12, 2006
First Named Inventor	Rafferty
Title	HEARING AID THAT FACILITATES REMOVAL OF EARWAX AND TRAPPING OF MOISTURE
Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket Number	VIS/002

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:
OR
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54688

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I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature:

Date:

6/2/06

Name:

Richard A. Rafferty

Telephone:

732-842-3110

Title and Company:

N/A

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

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